



COUNTWAY LIBRARY OF MEDICINE
 10 SHATTUCK STREET, BOSTON, MA 02115
 Privileges: (617) 432-2136

Number/Barcode

Please note that ID cards can only be processed Monday-Friday from 8 AM to 3:30 PM. Please be sure to bring a Government Issued ID with you.

APPLICATION FOR RESEARCH ASSISTANT CARD

NAME:		DATE OF BIRTH:	
INSTITUTIONAL AFFILIATION:			
OFFICE ADDRESS			
CITY	STATE	ZIP	
OFFICE PHONE			
HOME ADDRESS			
CITY	STATE	ZIP	
HOME PHONE			
EMAIL ADDRESS			

SPONSOR'S NAME	AFFILIATION (CIRCLE ONE) HMS HSDM HSPH BML	HARVARD ID or BML ID NUMBER
APPOINTMENT EXPIRATION DATE	PHONE	EMAIL

As a member of the faculty of the Harvard Medical School, Harvard School of Public Health, Harvard School of Dental Medicine, or BML fellow, I hereby request that the Countway Library grant special borrower privileges and remote access to electronic resources to my research assistant named above. **I assume full responsibility for any and all fines, fees, and other liabilities incurred through the use (or misuse) of these privileges**, including charges for books lost or not returned when due or recalled by the library. I affirm that the research assistant named on this form works under my immediate supervision and direction. I understand that all correspondence related to library use by my Research Assistant will be sent to me. **I understand that Research Assistant privileges are non-transferable, only to be used in relation to work directly assigned by me, related to my academic research and/or teaching, and not for personal, business, or corporate use.** I have conveyed this information to my research assistant.

Extend RA Privileges until: _____ / _____ / _____ (date not to exceed 12 months)

SIGNATURE OF FACULTY SPONSOR _____ DATE _____

I understand that **the privileges granted by this card are only to be used as in the course of my work as a research assistant as assigned and overseen by the faculty sponsor named above.** I further understand that **this card and its privileges are non-transferable.**

SIGNATURE OF RESEARCH ASSISTANT _____ DATE _____